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PERIODIC REPORT ON EVALUATION

Report of the Executive Director

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I. OVERVIEW OF EVALUATION ACTIVITIES

1. This report is submitted for the information of the Executive Board in response to Governing Council decisions 82/20 and 90/35A, which requested the Executive Director to make biennial reports on evaluation activities to the Council. This report provides information on progress during the biennium 2002-2003 in conducting and using the results of evaluations as well as evaluative activities[1] and in institutionalizing evaluation recommendations. It also describes initiatives taken to establish results-based planning and monitoring and evaluation systems and to develop related national capacities.

2. The level of resources devoted to evaluation activities rose from $4.4 million in 2000-2001 to $6.2 million in 2002-2003. Furthermore, the proportion of country-level resources dedicated to evaluations increased, as did the proportion of resources dedicated to regional programme evaluation activities.

Country-level evaluation activities

3. During 2002-2003, UNFPA country offices conducted a wide range of evaluations and evaluative activities including situation analyses, baseline surveys and applied research studies[2]. Depending on the stage of the country programme cycle, countries increasingly carried out pre-project assessments for project/programme formulation. They also conducted sociocultural research to gain greater insight into underlying structural factors for the success or failure of reproductive health and population interventions, particularly in the areas of gender equality and equity, adolescent reproductive health and HIV/AIDS.

4. Between 2002 and 2003, most country offices conducted evaluations of ongoing projects and programmes. The number of thematic evaluations conducted increased. Most of these aimed at generating lessons and identifying effective practices in the areas of reproductive health, gender and youth. Youth policy was a new theme in the thematic evaluations conducted in 2003. During the period 2002-2003, 21 countries were in the fourth year of their country programme cycle and were thus due to conduct mandatory country programme evaluations. The compliance rate was 90 per cent[3]. Fifteen countries conducted joint evaluations/evaluative activities. About half of these were conducted in collaboration with other United Nations agencies. Many of the joint initiatives included baseline surveys and situation analyses. In the Maldives and Panama,

[1] Evaluative activities include situation analyses, baseline surveys and applied research studies. These activities are quite distinct from evaluation; however, the findings of evaluative activities are important components of results-based planning, monitoring and evaluation systems. They provide baseline data to effectively monitor and evaluate programme design, implementation and impact.

[2] Country office annual reports 2002 and 2003 are the source of country level activity information in this report. As of 17 March 2004, 2003 data was unavailable for about 10 per cent of countries/territories in which UNFPA funds activities.

[3] Only two countries did not conduct country programme evaluations, one of them due to the late start of the country programme and the assessment by the country office that an evaluation would not be meaningful due to lack of baseline data.

United Nations theme groups conducted joint evaluations and assessments on gender, ageing, and HIV/AIDS.

5. Over 50 per cent of the countries reported having conducted the required country programme midterm reviews during the period 2002-2003. As compliance with the conduct of midterm reviews is usually 100 per cent, it is likely that countries that were supposed to organize such reviews in 2003 had been delayed. In the meantime, in line with the United Nations simplification and harmonization initiative, UNFPA has eliminated midterm reviews and is instead emphasizing the conduct of annual analytical and results-oriented programme reviews, to be undertaken jointly with other United Nations agencies, whenever possible.

6. National experts conducted the majority of evaluations and evaluative activities. Country offices in countries with large populations, such as Bangladesh, India, Pakistan and the Philippines relied exclusively on national consultants. The availability of local expertise ensured greater cost-efficiency as well as more insightful evaluation findings. Some countries, for example in the Arab States and African Lusophone regions, found the shortage of national evaluation expertise to be a major constraint in undertaking programme evaluation. In these cases, country offices used a combination of national experts assisted by advisers from UNFPA Country Technical Services Teams (CSTs) and/or international consultants.

Regional and interregional programme evaluations

7. As a result of the midterm review of the intercountry programme, 2000-2003, conducted in June 2002, an evaluation plan was established for the remainder of the intercountry programme cycle. Most of the large regional projects in the Africa and Asia regions were evaluated during 2001-2003. Evaluations of major projects in the Arab States and Europe region, as well as in Latin America and the Caribbean region are ongoing or planned for the spring of 2004. Some large interregional projects were extended and therefore were not evaluated during the period. Details on the use of findings of completed regional and interregional project evaluation findings are provided in section II below.

II. INSTITUTIONALIZING FINDINGS OF EVALUATION ACTIVITIES

A. Global thematic evaluations

Evaluation of UNFPA support to national capacity development

8. During 2001-2002, the Office of Oversight and Evaluation (the Division for Oversight Services as of January 2003) conducted a thematic evaluation of UNPFA support to national capacity development. The evaluation report was published in October 2003. Using a case study methodology, the evaluation assessed the strategies used by UNFPA-funded projects to develop the capacities of governmental and non-governmental organizations (NGOs) in Brazil, Côte d'Ivoire, Egypt, Nepal, Nigeria and Viet Nam in reproductive health, and in population and development.

9. The case studies revealed a rich and varied experience in applying six core capacity development strategies: creating a common vision; human resources development; developing systems; iterative planning, monitoring and evaluation of programme interventions; establishing partnerships and promoting intra- and inter-organizational coordination; and mobilizing resources for sustainability. The evaluation concluded that, UNFPA, like many development assistance organizations, needed to focus its programme interventions more effectively on strengthening the capacity and performance of counterpart organizations, instead of giving priority to the achievement of short-term project and programme results.

10. The evaluation findings and recommendations were discussed within the Fund, including through a web-based electronic discussion with selected country offices and CSTs. Subsequently, senior management approved a two-pronged action plan to implement the thematic evaluation recommendations. First, based on the adoption of an organizational definition of capacity development, UNFPA would establish policy and operational guidelines. Secondly, UNFPA would strengthen its internal expertise in capacity development. This would entail incorporating a capacity development dimension in staff competency frameworks and the performance assessment system. It would also require the development of staff skills and competencies and the establishment of internal and external learning networks. Four of the six core capacity development strategies identified by the evaluation were incorporated in the UNFPA multi-year funding framework (MYFF), 2004-2007, and reflected in the revised programme monitoring and evaluation guidelines to be completed by mid-2004. Capacity development was also included as a dimension in the functional competencies of UNFPA technical staff at headquarters and in the CSTs.

UNFPA role in sector-wide approaches

11. In 2003, UNFPA assessed its involvement in sector-wide approaches (SWAps). Focusing on Bangladesh, Ghana, Mozambique and the United Republic of Tanzania, the study identified factors that facilitated and constrained UNFPA participation in SWAps; examined issues, opportunities, and constraints related to the inclusion of reproductive health, HIV/AIDS and gender in SWAps; and assessed the extent to which current UNFPA policies and procedures, as well as headquarters and CST support, facilitated or constrained effective participation of country offices in SWAps. The study was conducted by two external evaluators, one CST adviser and a local resource person in each country.

12. The study found that in all four countries UNFPA participated only partially in SWAps, mainly through programme support and advocacy. UNFPA-funded reproductive health subprogrammes were usually not developed or managed as part of SWAp processes. In one country, UNFPA had recruited an international and a national adviser on SWAps to work with the Ministry of Health and the UNFPA country office. Overall, the involvement of CSTs was limited. The study highlighted that the United Nations system had not adopted a joint approach to participation in SWAps in any of the four countries. In three countries, United Nations inter-agency collaboration, mostly on safe motherhood issues, was identified.

13. The study concluded that UNFPA must participate more fully in SWAps, both with regard to policy definition and programme development and implementation, in order to achieve results in reproductive health. The study also noted that in order to be an effective partner, UNFPA staff's technical knowledge and skills related to SWAps must be strengthened, including through establishing a system for knowledge sharing, implementing training programmes, and developing guidelines. Overall, the study highlighted that United Nations agencies must become more proactive in SWAp policy dialogue.

14. Following the recommendations of the study, UNFPA has made its engagement in SWAps mandatory. UNFPA will give priority to the development of guidelines for the Fund's participation in pooled funding. In the meantime, various activities have been completed or initiated to develop the capacity of UNFPA staff to manage programmes in the context of SWAps. For example, CST advisers and directors have received training; an email network on the Millennium Development Goals (MDGs), poverty reduction strategy papers (PRSPs), SWAps and costing of reproductive health interventions has been established; and a SWAp knowledge asset, a web site and a self-learning module on SWAps have been developed. Subject to the availability of resources, a training course for country office staff is foreseen.

Multi-donor evaluation of UNFPA and IPPF

15. In 2002, the Ministry for Economic Cooperation and Development of Germany, the United Kingdom Department for International Development, and the Ministries of Foreign Affairs of Denmark, the Netherlands and Norway co-sponsored a joint evaluation of the contributions of UNFPA and the International Planned Parenthood Federation (IPPF) to addressing reproductive rights and health needs of young people after the International Conference on Population and Development (ICPD). This multi-donor initiative aimed at strengthening evaluation partnerships, an objective pursued by the Development Assistance Committee (DAC) of the Organization for Economic Cooperation and Development (OECD), UNFPA and IPPF. The main objectives of the evaluation were to gain insight into the challenges related to the promotion of the reproductive rights and health of adolescents and young people based on the experiences of UNFPA and IPPF; to contribute to a better understanding of the conditions necessary for achieving good practices; and to draw strategic lessons to guide future interventions. An international consortium composed of Options Consultancy Services (United Kingdom), the Euro Health Group (Denmark) and the University of Heidelberg (Germany) conducted the evaluation. A steering group composed of representatives of all the sponsors and IPPF and UNFPA provided support throughout the evaluation process. The evaluation included six country studies conducted in Bangladesh, Burkina Faso, Egypt, Nicaragua, the United Republic of Tanzania and Viet Nam. Using a range of qualitative and participatory methods, a wide range of stakeholders were consulted and field visits were made to selected UNFPA- and IPPF-supported programme sites in urban and in rural areas.

16. The evaluation findings highlighted that in spite of having recognized the importance of adopting a multisectoral approach to address young people's reproductive rights and health

needs, health- and education-sector organizations remained the main partners of UNFPA and IPPF. Also, coordination and communication between the two organizations at the country level was found to have been inadequate. UNFPA and IPPF programme interventions reflected a stereotypical view of young people's sexual behaviour and vulnerability, and information, education and communication (IEC) approaches tended to focus on providing information without addressing risk perceptions of young people and causes of risky behaviour. Inadequate monitoring and evaluation systems did not facilitate a standardized approach to policy issues and the ability to focus on quality of services delivered, resulting in a limited evidence base of good practices. With respect to the national context, some existing laws and policies were found to be obstacles to addressing young people's reproductive rights and making public sector services youth friendly.

17. The evaluation recommended that UNFPA and IPPF strategically address the diversity of young people's reproductive and sexual health needs; empower young people to participate in programmes addressing their needs; strengthen monitoring and evaluation systems, technical assistance and organizational culture; build more political support for youth-friendly services; and explore strategies to scale up innovative IEC and behaviour change communication initiatives. The evaluation recommended that UNFPA should support policy and legislative reform to promote young people's reproductive health and rights. It also recommended that UNFPA should assume leadership in ensuring that young people's reproductive health needs are accounted for in reproductive health programmes, PRSPs and SWAps and provide guidance to country offices in this regard. Furthermore, the evaluation recommended that UNFPA and IPPF should improve their collaboration and coordination at country, regional and international levels.

18. In January 2004, UNFPA hosted a consultation with IPPF in follow-up to the joint evaluation to examine opportunities for collaboration and coordination in general and in adolescent reproductive health in particular. The meeting drafted an action plan regarding future collaboration between the two agencies based on their comparative advantages, including the identification of specific countries for joint UNFPA and IPPF collaboration. In the meantime, UNFPA is implementing a number of activities at the global level that address the evaluation findings. These include: the development of youth-focused knowledge assets on various topics including youth-friendly services, youth policy development, and planning, monitoring and evaluating adolescent reproductive health programmes; development of a policy and programme guide on behaviour change communication; and impleme ıtation of programmes that address the reproductive and sexual health needs of adolescent refugees in emergency and post-conflict situations. In addition, country-level consultations with programme partners will take place to determine how best to follow up on country-specific recommendations.

Inter-agency global evaluation of reproductive health services for refugees and internally displaced persons

19. In 2002, the inter-agency working group on reproductive health in refugee situations, of which UNFPA is a member, initiated an evaluation of reproductive health services for refugees and internally displaced persons. Components of the evaluation, including the one addressing

the use of emergency reproductive health kits, were completed in early 2004. The full evaluation report is expected to become available in mid-2004. The evaluation assesses the effectiveness of the humanitarian community in providing access to reproductive health services to women and men affected and displaced by conflict and natural disasters.

20. The evaluation includes country studies particularly to review the use of the emergency reproductive health kits as part of the minimum initial service package; analysis of donor funding; and reviews of institutional policy as well as global awareness of reproductive health and gender issues in humanitarian settings. The evaluation component to review the emergency reproductive health kits, for which UNFPA and UNHCR were responsible, resulted in adjustments to the contents of the kits; the instruction manual; the kit-related procurement and distribution guidelines; and training on use of the kits.

Joint United Nations Programme on HIV/AIDS

21. The final report of the five-year evaluation of the Joint United Nations Programme on HIV/AIDS (UNAIDS) was formally presented to the UNAIDS Programme Coordinating Board in December 2002. The evaluation was conducted by a team of independent consultants. Many of the findings of the five-year evaluation were similar to those of the UNFPA thematic evaluation on HIV/AIDS, reported on in DP/FPA/2002/7 at the Executive Board's annual session 2002, particularly with regard to the need to strengthen country-level HIV/AIDS interventions. Many positive steps have subsequently been taken by UNFPA, including the establishment of HIV/AIDS focal points in all country offices, integration of HIV/AIDS advisers in each UNFPA CST and the implementation of five subregional staff orientation workshops. Further details on the Fund's response to this evaluation and to the recommendations of the UNAIDS Programme Coordinating Board at its fourth meeting, 26-27 June 2003, are contained in DP/FPA/2004/5, which was presented at the Board's first regular session 2004.

Averting maternal death and disability

22. During the 2002-2003 biennium, an independent thematic evaluation was conducted to assess the achievements of a global UNFPA/Columbia University project to avert maternal deaths and disability funded by the Bill and Melinda Gates Foundation. The evaluation confirmed that the project had helped UNFPA achieve an internal consensus on its strategies to reduce maternal mortality. The evaluation also indicated that emergency obstetric care, one of the three pillars of the UNFPA strategy for maternal mortality reduction, is increasingly incorporated in UNFPA-supported country programme strategies. In addition, interventions supported by the project have been included in health sector plans and budgets in India, Morocco, Mozambique, Nicaragua and Senegal. UNFPA follow-up to the evaluation recommendations is awaiting a final external evaluation of other project components executed by international collaborating organizations.

Gender-based violence

23. In 2001, UNFPA published a programme guide for health care providers and managers to address gender-based violence by integrating the assessment and treatment of victims of gender-based violence into reproductive health services. The programme guide was field tested in 10 countries and the effectiveness of the strategy proposed in the guide was evaluated in 2003. The evaluation found that gender-based violence can effectively be addressed as a public health issue within health care services. It also highlighted a number of issues that need to be addressed to strengthen the Fund's gender-based violence strategies. Among others, UNFPA needs to take a multisectoral approach and work with partners, particularly other United Nations agencies, to define a global strategy to combat gender-based violence. The evaluation underscored that there is no single model for gender-based violence interventions; strategies that succeed depend on the sensitivity of the issue, available resources and facilities in the specific country context. The evaluation also highlighted that community participation, support and ownership is essential for a successful intervention. Finally, the evaluation cautioned that information and advocacy interventions on gender-based violence must focus on changing attitudes, values and behaviours.

24. In follow-up to the evaluation, UNFPA organized a conference of experts in September 2003 to discuss evaluation findings and review current knowledge on the topic of violence against women. UNFPA is also developing a programming framework to addresss gender-based violence for the UNFPA intercountry programme cycle, 2004-2007, and a corresponding knowledge asset.

Advocacy through NGOs, parliamentary groups, and the Face-to-Face campaign

25. An external evaluation of advocacy work by NGOs, parliamentary groups and Goodwill Ambassadors concluded that these interventions are working well, are delivering good value and that UNFPA should continue funding them in the future, with some adjustments. The evaluation noted a marked increase in the number of All-Party Parliamentary Groups that focus on sexual and reproductive health and rights in their respective parliaments. It also revealed that there had been considerable media coverage of these issues as a result of the work done by NGOs and Goodwill Ambassadors supported by UNFPA. The evaluation identified positive longer term outcomes of these efforts, which included the introduction of favourable legislation in the United Kingdom and the European Union through action of the parliamentary groups and NGOs; and funding increases by Belgium, the European Union, Ireland and the United Kingdom, either for UNFPA specifically, or for sexual and reproductive health and rights in general. In addition, the partnership established between UNFPA and European NGOs was found to be vital to countering the negative effects of certain political forces in Europe as regards sexual and reproductive health and rights.

26. Based on the evaluation recommendations, NGOs funded by UNFPA are requested to inform the Fund about their annual objectives, expected outcomes, strategies adopted to achieve results and indicators identified to track results. NGOs are also requested to report on results

achieved as compared to their plans. UNFPA is developing a strategy to use Goodwill Ambassadors more effectively for public and political advocacy in the future.

Joint review of the WHO/UNICEF/UNFPA Coordinating Committee on Health

27. At its third session in April 2001, the WHO/UNICEF/UNFPA Coordinating Committee on Health (CCH) agreed that a joint review of the performance of the CCH should be undertaken to assess the relevance, value-added and effectiveness of the Committee in the current context, including the reforms initiated by the Secretary-General of the United Nations and other forms of inter-agency cooperation, and to propose recommendations. The evaluation units of WHO, UNICEF and UNFPA were asked to jointly conduct this review.

28. The review indicated that the CCH had not been as effective as envisaged and added little value, given the emergence of other more dynamic and practical coordination mechanisms, which include a wider range of agencies. Meanwhile, long-standing bilateral links among the three organizations comprising the CCH have been considerably strengthened, resulting in concrete proposals for action.

29. At its first regular session 2004, the Executive Board took note of the report (DP/FPA/2004/CRP.1) on the joint review of the CCH and endorsed the recommendation that in light of alternative collaborative mechanisms that have developed since the Committee's establishment in 1997, and the balance of costs and achievements, the CCH should be discontinued. The Board also recommended that the secretariats of the three organizations should continue to strengthen coordination among the organizations in the area of health. The Executive Boards of WHO and UNICEF have adopted similar decisions.

B. Regional and interregional evaluation activities

30. The majority of UNFPA regional evaluation activities in Asia and the Pacific region during 2002-2003 focused on a seven-country initiative for reproductive health in Asia, funded by the European Union. An external evaluation found the programme worthy of continued investment. The evaluation noted that the project effectively addressed the existing reproductive health problems of youth in each of the participating countries. Also, Governments appreciated the partnerships that were established with local NGOs to test new approaches and validate strategies to reach underserved groups, and they believed that these strategies could be used to formulate sexual and reproductive health policies for youth. The evaluation observed that UNFPA had been instrumental in ensuring coordination among NGOs at country level and providing technical expertise to the project. The evaluation could not assess project impact due to lack of updated indicators for each individual project. As a result of evaluation recommendations, and in order to facilitate results-based monitoring and evaluation of the initiative in the future, a logical framework approach will be used to design country projects under the initiative. Additionally, the Asia and the Pacific population information programme and two projects executed by the Japanese Organization for International Cooperation in Family Planning (JOICFP) on sexual and reproductive health of adolescents and community-based

reproductive health/family planning were evaluated and the findings were used to develop the new regional programme for Asia and the Pacific, 2004-2007.

31. In the Africa region UNFPA conducted a number of evaluations, including those examining sustainability issues related to two large training projects on IEC, advocacy and reproductive health management in the region, including capacities of their executing agencies. Evaluation findings and recommendations led UNFPA to emphasize strategies to develop the capacities of local training institutions in order to ensure sustainability of these training programmes. The assessment of organizational capacities of implementing partners of a large-scale project in support of reproductive health for youth was undertaken as part of a needs assessment exercise in preparation for proposals for country projects. An evaluation of a regional project in support of networks of parliamentarians led UNFPA to substitute the former ad hoc activities with a comprehensive programme of support to these organizations in the next regional programme cycle; and to help ensure closer connections between the activities of parliamentarians' networks and UNFPA-funded country interventions.

32. During May-June 2003, the UNFPA Humanitarian Response Unit organized a regional review of the Fund's humanitarian activities in the West Africa subregion to evaluate how well UNFPA was meeting the needs of populations displaced or otherwise affected by conflict. UNFPA staff from the country offices in Burkina Faso, Côte d'Ivoire, Ghana, Guinea, Liberia, Mali, the Republic of the Congo and Sierra Leone reviewed the impact of conflict and population movement on the populations' reproductive health status and evaluated coverage of existing activities. United Nations partner agencies such as UNHCR, UNAIDS, OCHA, and WHO and the International Centre for Migration and Health also participated. An important outcome of this evaluation was the development of new partnerships between the country offices, as well as with other operational partners in the region. Country offices also agreed to collaborate in addressing a number of new cross-border activities, and developed a technical support plan for two subregional technical advisers on reproductive health and emergency based in Guinea and Sierra Leone.

33. In the Arab States and Europe region the recommendations of an evaluation of a project to integrate reproductive health into educational activities for boy scouts and girl guides led to the establishment of an adolescent and sexual health expert post in the UNFPA CST in Jordan and the creation of a regional network of adolescent reproductive health experts. An evaluation of a peer education project for Central and Eastern Europe/Commonwealth of Independent States and the Baltic countries highlighted the need to connect peer education interventions with formal education programmes and youth-friendly services. The evaluation also formed the basis for developing a regional peer education framework. An evaluation of a project to integrate gender in reproductive health interventions found that the project had promoted the development of a new partnership on reproductive rights between UNFPA, governmental organizations, NGOs and United Nations agencies. It also highlighted that the project had resulted in the adoption of national strategies to combat gender-based violence in Algeria and Morocco. The findings were utilized in UNFPA-funded programme interventions in these two countries.

34. In Latin America and the Caribbean region, recommendations of an evaluation of governmental and non-governmental networks for adolescent sexuality and reproductive health led UNFPA to redirect its support in favour of public policy advocacy for reproductive health services for youth; increased involvement of UNFPA country offices in planning and implementing regional interventions; and greater reliance on lessons learned in adolescent reproductive health in the region.

35. An external evaluation of the UNDP/UNFPA/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction (HRP), covering the period 1990-2002, to which UNFPA had been a major contributor, assessed the relevance and effectiveness of HRP-supported research in reproductive health; the dissemination, global use and impact of the results of the research; the programme's impact in developing reproductive health research capacity in countries; and the programme's governance and management efficiency. The evaluation concluded that HRP met expectations in terms of its core mission to coordinate, promote, conduct and evaluate international research in reproductive health and achieved its major objectives. The programme maintained its position as the global leader in generating research results and establishing the scientific consensus needed to advance reproductive health policies and practices, especially in developing countries. The evaluation found, among others, that HRP research results had a greater influence on reproductive health policies and standards than research conducted by any other reproductive health organization. However, closing the gap between research, policy and action remains a challenge. Through periodic updates UNFPA will continue to share the research findings with CSTs and country offices. The Fund will also use the findings as an evidence base to help shape reproductive health policies, including on adolescent reproductive health.

36. UNFPA has conducted a number of evaluative activities related to HIV/AIDS. These included needs assessments and baseline studies on: the use of condoms to prevent HIV infection among sexually active youth in vulnerable situations; training and technical assistance needs related to HIV-prevention programmes for young people; testing tools for condom programming in HIV; operationalizing HIV-prevention strategies for pregnant women; and exploring client knowledge, attitudes and preferences towards voluntary testing and counselling services. The results of these activities were used to identify effective approaches, tools, materials and technical assistance strategies for condom programming for young people, HIV prevention in pregnant women and voluntary testing and counselling. Evaluative activities related to HIV/AIDS also included the evaluation and finalization of guidelines for service providers and programme managers on condom programming for prevention of sexually transmitted infections (STIs), including HIV/AIDS. UNFPA also participated as convening agency in the thematic review of the scope and coverage of UNAIDS response to HIV/AIDS and of the United Nations inter-agency initiative to develop monitoring and evaluation indicators and tools for the United Nations General Assembly Special Session (UNGASS) global goals for young people.

C. Country level evaluation activities

37. During the period 2002-2003, there was growing evidence of strategic use of country-level evaluation results. For example, an evaluation of national organizational capacities to implement population programmes in Cameroon determined the selection of executing agencies for the UNFPA-supported fourth programme of assistance. In Honduras, an evaluation of a project for licensing of reproductive health clinics in underserved areas pointed to the need to introduce a new strategy to reach underserved populations relying on associate doctors in addition to franchised clinics. The strategy was successfully implemented and will be used as a model for other Central American countries. An evaluation of the UNFPA-supported Pacific Island programme of assistance found that use of an overall logical framework covering all the 14 countries did not enable assessment of the impact of interventions in each particular island country within the programme. As a result, logical frameworks were developed for each country in the new programme cycle. In Senegal, an evaluation of the population education programme identified the need to involve parents in programme activities. As a result, an agreement was signed with the World Food Programme (WFP) to offer population education information to parents in schools that receive WFP funding for school meals. In Togo, an evaluation of UNFPA-funded medical equipment contributed to a logistics management system in the Family Health Department of the Ministry of Health.

38. Despite advances, implementation of evaluation recommendations continued to be constrained by certain structural factors. For one, national counterparts tended to regard evaluations as investigations rather than as management tools. For another, UNFPA country office technical capacity for planning and managing evaluations remained limited. As a result, few country offices established evaluation plans that identified the resources and staff time required to ensure the adequacy and quality of evaluative activities. However, there were also examples of good evaluation management practice. For instance, in preparation for the country programme evaluation, the UNFPA country office in Mexico developed an evaluation guide, together with the counterpart agency and the NGO implementing the evaluation. The guide highlights the findings of earlier evaluations and includes key questions, indicators to measure impact, and lists of pertinent documents and key informants.

39. In 2004, the Division for Oversight Services intends to further examine the quality of the Fund's evaluation activities as well as the processes leading to the use of findings and implementation of recommendations of evaluations funded by UNFPA.

III. MANAGING FOR RESULTS: PROMOTING RESULTS-BASED PLANNING, MONITORING AND EVALUATION SYSTEMS

A. Programme planning, monitoring and evaluation systems in support of country interventions

40. Since the establishment of the UNFPA results-based management policy in December 2000, the Fund has made concerted efforts to establish systems both at headquarters and in the

field to plan, monitor and evaluate UNFPA-funded programme results. Results-based planning, monitoring and evaluation systems entail the use of a logical-framework approach in designing, monitoring and evaluating country programmes, including the establishment of baseline indicators and targets, and the use of results-based programme management tools. Equally important is developing the capacity of UNFPA and national counterpart staff to manage the systems by designating monitoring and evaluation focal points within UNFPA country offices; training staff and national counterparts in results-based management; establishing databases to manage programme indicators and other data resulting from monitoring and evaluation; and using monitoring checklists to make supervisory programme visits more purposeful.

Headquarters initiatives

41. In order to provide programme tools for achieving organizational priorities as reflected in the UNFPA multi-year funding framework (MYFF), a review of the UNFPA Policies and Procedures Manual by the Division for Oversight Services resulted in the development and publication, in early 2001, of mandatory, results-oriented programme management tools. These included updated formats for the logical framework matrix, project work plan and monitoring report, project annual and final progress reports, midterm review report, and a new programme management plan format. Feedback on the updated formats from both country office staff and national counterparts indicates that use of the new formats improved markedly from 2002 to 2003. The logical-framework approach was applied in all countries managing UNFPA-supported programmes of assistance. In 87 per cent of the countries the project work plan/monitoring report was used and in many instances was improved upon by linking financial and substantive data; 85 per cent of the countries used the project annual progress report; and 64 per cent used the project final progress report. The use rate for the final progress report format was lower reflecting the fact that many projects had not yet ended as of the reporting date.

42. In 2003, the Division for Oversight Services drew on the experience with the results-based programme management tools and participation in the United Nations simplification and harmonization process, to draft new UNFPA policies and procedures for monitoring and evaluation. These will be completed by the first half of 2004.

43. In 2000, the Office of Oversight and Evaluation initiated the development of a *Programme Manager's Monitoring and Evaluation Toolkit* (available at www.unfpa.org) as a supplement to the programming guidelines. To date, 14 tools on evaluation methodology and indicators have been published in four official United Nations languages. Additional tools focusing on strategic planning and monitoring are being developed by the Division for Oversight Services, the Strategic Planning Office and the Technical Support Division. By the end of 2003, 80 per cent of all country office staff were familiar with the tools and 79 per cent were actively using them, inter alia, to develop programme implementation guides described below. Many country offices reported that these tools had been used in country-level training activities. Country offices also reported that 34 per cent of national counterparts were familiar with the tools, and of these, 68 per cent were actively using them. UNFPA will further promote the use of this resource among national programme managers.

44. In 2003, the Executive Board approved a monitoring and evaluation system for the Fund's Technical Advisory Programme (TAP) that will enable the assessment of the effectiveness of the TAP in providing strategic technical support to UNFPA country operations. The TAP monitoring and evaluation system tracks data on CST evaluative functions, including the collection of information on lessons learned and good practices in all UNFPA-funded intervention areas; and the capacity development of national and regional organizations in relevant thematic areas, including results-based management.

Country office initiatives

45. An increasing proportion of country offices are establishing monitoring and evaluation systems for results-based programme management, frequently supported by CST advisers. Comprehensive systems have been established in China, India, the Philippines, Senegal, Uganda and Viet Nam. In some of these countries, with assistance from CST advisers and advice from the Division for Oversight Services, results-based programme implementation guides were developed to orient country office staff and national counterparts in implementing the systems. In the case of India, the Philippines and Senegal, systems were developed based on an analysis of existing monitoring mechanisms and practices. There is also evidence, for example, in Niger and Senegal, of increased United Nations inter-agency collaboration in developing such national systems.

46. Countries are making good progress in establishing programme indicator baseline data, an essential component of results-based monitoring and evaluation systems. By the end of 2003, 81 per cent of country programme logical frameworks included baseline indicators. However, the establishment of complete baseline data is an ongoing process. During 2002-2003, 41 per cent of country programmes had established up to one quarter of output baseline data within six months of programme initiation; another 22 per cent of country programmes had established between 25 per cent and 49 per cent of output baseline data; and 21 per cent of country programmes had established between 50 and 74 per cent of output baseline data.

47. In 2002-2003, a number of country offices, including in Cameroon, Cape Verde, Mali, Mozambique, Nigeria and Senegal, established programme databases. In the Arab States region, the UNFPA CST in Jordan contributed significantly to the development of national databases of socio-economic and reproductive health indicators. Similar databases incorporating sex-disaggregated data to track the MDGs, the goals of the ICPD Programme of Action and of its five-year review, poverty reduction strategies and other national priority goals were established in Egypt, Sudan, Yemen and the Occupied Palestinian Territory. With UNFPA assistance, national and subnational databases were also established in the Democratic People's Republic of Korea, India, Indonesia, Lao People's Democratic Republic, Mongolia, Myanmar and Viet Nam. The CST in Fiji provided technical support for the establishment of a regional database, the Pacific regional information system, sponsored by the secretariat of the Pacific Community. The database is accessible through a network of national statistical web sites.

48. Greater attention is also being paid to establishing more systematic field monitoring visits. By the end of 2003, 60 per cent of country offices reported having developed a variety of checklists to better structure data gathered during such visits.

49. UNFPA country offices in all regions, with the support of CSTs, made important investments in training national counterparts on results-based management. Offices also endeavoured to introduce new approaches to programme management in an effort to change the prevailing culture from a focus on monitoring activities and expenditures to monitoring and evaluating results. For example, in Indonesia, UNFPA organized joint planning and monitoring exercises involving all district and provincial level counterparts. In Cambodia, the Fund promoted devolution of the responsibility for organizing quarterly programme review meetings to the Ministry of Health which led to programme managers' improved understanding of the logical-framework approach. In Uganda and the United Republic of Tanzania, UNFPA established monitoring and evaluation projects coordinated by national organizations in support of the UNFPA-funded country programme. In Mozambique, the Fund promoted the establishment of a monitoring and evaluation system for a multisectoral adolescent sexual and reproductive health programme in which different government organizations shared common programme goals, resources, and a programme database. In India, UNFPA organized results-based management workshops with national and state counterparts, which provided an opportunity to build a shared understanding of the newly developed results-oriented monitoring framework. In China, the Fund organized training of trainers in results-based management at the Nanjing Reproductive Health Management Training Centre, thereby enabling the introduction of results-based management among national-level counterparts, as well as in 30 project provinces and 35 project counties.

B. Intercountry programme planning, monitoring and evaluation system

50. The midterm review of the intercountry programme conducted in 2002 concluded that regular systems for monitoring and evaluating regional and interregional projects and the intercountry programme as a whole were not well established. While the UNFPA Intercountry Programme and Partnerships Branch had developed an overall intercountry programme logical framework including indicators, it was of limited use in assessing results, mainly because component projects of the intercountry programme did not systematically use the logical framework approach for project design. As a result, project monitoring and reporting mechanisms focused on implementation processes rather than on results. Additionally, specific intercountry programme guidelines were not available to guide project managers in the application of prevailing results-based programme management procedures. The midterm review recommended that the intercountry programme monitoring framework should be revised; indicators selected; baseline studies conducted; a monitoring and evaluation plan developed; and modalities for regular monitoring, evaluation and reporting established.

51. These recommendations were taken into account when the new intercountry programme, 2004-2007, was designed using an extensive participatory process. Additionally, results-based intercountry programme guidelines were developed and will be issued in the first half of 2004.

Detailed recommendations emanating from an internal review of regional programme design, relevance, management and implementation processes conducted by the Division for Oversight Services in 2003 were addressed in developing these guidelines.

C. Challenges

52. In spite of the above-mentioned efforts, UNFPA country offices in all regions reported limitations in national results-based management capacities. These included the continued tendency among national counterparts to track activities rather than results, as well as weak national mechanisms for coordination of overall programme monitoring. Country offices experienced difficulties in using the logical framework for monitoring because of incomplete baseline data, too many and/or unrealistic indicators, inadequate availability of qualitative programme data, and overall limited hands-on experience of UNFPA staff and national counterparts with results-based programme management. Other constraints included insufficient allocation of human and financial resources and inadequate time dedicated to establishing and managing results-based management systems.

53. An internal review of the implementation of the Fund's results-based policy during 2000-2002 conducted by the UNFPA Strategic Planning Office found that logical-framework matrices were poorly designed in many instances. The review concluded that results-based management learning opportunities should be mainstreamed as an ongoing dimension of programme implementation and should focus on coaching to help staff solve concrete problems. In 2003, in response to the review findings, the Division for Oversight Services and the Strategic Planning Office organized a series of workshops on results-based planning, monitoring and evaluation for all headquarters managers in the Geographical Divisions as well as members of the CST in Jordan, together with staff of the UNFPA country offices in the Arab States region. The workshops concentrated on imparting basic knowledge and skills in conducting causality analysis and designing chains of results (the core of the logical-framework approach); exchanging information on constraints currently faced in operationalizing results-based management; identifying ways of overcoming the constraints and developing plans to strengthen the role of headquarters and CSTs in supporting country offices to improve the quality of results-based planning, monitoring and evaluation processes. Additional workshops will be held in 2004 involving the remaining CSTs and selected country offices in the various regions.

IV. RECOMMENDATION

54. **The Executive Board may wish to take note of the present periodic report on evaluation (DP/FPA/2004/12).**

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